

FORM (RF-3)

JAN 0 1 2012

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Official - Title

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		24. A. S. a
Commercial		
Automobile Physical Damag		; • •••••••••••••••••••••••••••••••••••
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		· ;
Fidelity		
Surety		
Boiler and Machinery		
Fire		**************************************
Extended Coverage		
nland Marine	Attivini mamma agas afasii sa ilmaa aga aga afasi	
Homeowners		
Commercial Multi-Peril	- double majoriment in the factor of the fa	
Crop Hail		
Other Workers Compensation	39,128,371	4.5
Life of Insurance		
Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
		I'm and a second a
Brief description of filing. (If f	iling follows rates of an a	dvisorv
	iling follows rates of an a	dvisory
Organization, specify		dvisory 11 - Illinois - Voluntary Advisory
Organization, specify		
Organization, specify organization):		
Organization, specify organization): Costs, Rates, and Rating Values. *Adjusted to reflect all prior ra **Change in Company's prem	Adopting NCCI's IL-2011-	11 - Illinois - Voluntary Advisory
	Adopting NCCI's IL-2011- ate changes. nium level which will resul	11 - Illinois - Voluntary Advisory
Organization, specify organization): Costs, Rates, and Rating Values. *Adjusted to reflect all prior ra* **Change in Company's prem	Adopting NCCI's IL-2011- ate changes. nium level which will resul ACUITY, A Mutual	11 - Illinois - Voluntary Advisory

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	3/1/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
			
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	,	
	Crop Hail		
15.	Other Workers' Compensation	\$850,535	4.60%
	Line of Insurance		
		territories) or certain classes? If so, specify:	Yes, we are increasing the
Loss	Cost Multipliers for the Base Classes, the Debi	ted Classes and the Credited Classes.	
	ef description of filing. (If filing follows NCCI loss costs IL-2011-14 effective March 1, 2	rates of an advisory organization, specify orga 012, and revising our Loss Cost Mulitpliers	nization): We are adopting
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Addison le	nsurance Company
		Nam	ne of Company
			, VP - Corporate Underwriting
		0	fficial – Title

MAR 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)



SUMMARY SHEET

JAN 0 1 2012

-	effective_January 1, 2012 (1)	(2)	DEPARTMENT OF INSURANT SPRINGFIELD, ILLINGIS (3)		
-	Coverage	Annual Premium	Percent Change (+or) **		
1.	Automobile Liability Private	- Volume (Illinois) *	Change (+or-) **		
1.	Passenger				
	Commercial				
2	Automobile Physical Damag				
_	Private Passenger		•		
	Commercial		4-1-4		
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
3.	Fidelity				
7.	Surety				
3.	Boiler and Machinery				
١.	Fire				
0.	Extended Coverage				
1.	Inland Marine				
2.	Homeowners				
3.	Commercial Multi-Peril				
4.	Crop Hail				
5.	Other Workers Compensation	1,259,426	+13.1		
	Life of Insurance				
*	Does filing only apply to certa	ain territory (territories) or	certain		
	Classes? If so,	, (
	specify: N/A				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify				
	organization):	Adopts NCCI 1/1/2012 ad	visory loss costs with loss cost		
	multiplier of 1.89	· · · · · · · · · · · · · · · · · · ·			
	*Adjusted to reflect all prior ra	ate changes			
	**Change in Company's pren		It from application of new		
	rates.	manification termion term 1030	it nom application of new		
		Advantage Worker	rs Compensation Insurance Co.		
			me of Company		
		Tina Knight Consu	• •		

Official - Title



JAN 0 1 2012

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

State of Illinois Department of Insurance Springfield, Illinois

	effective 01/01/2012	•	
-	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
^	Commercial		##
2	Automobile Physical Damag		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto	 	
4 .	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	58,351	3.5%
	Life of Insurance		
•	Does filing only apply to certain Classes? If so, specify: No	n territory (territories) or	certain
	Brief description of filing. (If fili	ing follows rates of an ac	dvisory
	Organization, specify		
	organization):	Adopting NCCI Januar	y 1, 2012 Advisory Rates and
	Rating Values.		
100	Adjusted o reflect all prior rate	e changes. um level which will resul	t from application of new
	rates.		· -
	SEPTE CUIT	Alaska National Ins	
	MOIC		ne of Company
	STATE OF ILLINOIS	Edith Goodgame V	-P Underwriting Services
DE	STATE OF ILLINOIS PARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS		Official – Title

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	inge in Company's premium or rate level produce	ed by rate revision effective	anuary 1, 2012
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability	voidine (illinois)	Change (* 61)
١.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.			
т . 5.	Glass		
6.	Fidelity		
7.	Surety JAN (0 1 2012	
8.	Boiler and Machinery		
9.	SIALEO	FILLINOIS	
10.	Extended Coverage SPRINGFIE	of Ingurance LD, Illinois	
11.	Inland Marine		****
12.	Homeowners	-	
13.	Commercial Multi-Peril	•	
13. 14.	Crop Hail		
1 5 .	Workers Compensation	15,689	+6.7%
16.	Other	10,009	+0.176
10.	Line of Insurance		
Doe	s filing only apply to certain territory (territories) o	r certain classes? If so, specify	
Brie	f description of filing (if filing follows rates of an ac	dvisory organization, specify or	ganization) Adoption of NCCI
	isory Rates, without deviation, approved under N		
7101	noory reacce, warrout deviation, approved under it	Oor Orodian IE-2011-14 to be e	receive bandary 1, 2012.
*	Adjusted to reflect all prior rate changes.		
**	•		A
••	change in Company's premium level which will r	esuit from application of new ra	tes.
		American Business Pe	ersonal Insurance Mutual, Inc.
			of Company
		Janice L. H	ohenstein, CPCU
	· · · · · · · · · · · · · · · · · · ·	Actua	arial-Analyst
		Offi	cial - Title

SUMMARY SHEET

el produced by rate revision effective	February 1, 2012
<u>-</u>	
(2)	(3)
Annual Premium	Percent
Volume (Illinois)*	<u>Change (+ or -)**</u>
	- All Andrews
	, and the second
• Floring Control of the Control of	

	A CONTRACTOR OF THE CONTRACTOR
·	
-\$410,212	3.7%
	Annual Premium Volume (Illinois)*

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

FILED

American Home Assurance Company

Name of Company

FILED

JAW 04 2012

Walter Murphy Filings Analyst Official - Title

H29219D

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STATE OF ILLINDIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINGIS

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or-)*
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
	Burglary and Theft		
j.	Glass		
3.	Fidelity		<u> </u>
7.	Surety		
	Boiler and Machinery		
•	Fire (AN) to the control of the cont		
	Extended Coverage JAN 0 1 2012		
•	Inland Marine STATE OF ILLINGIS	<u> </u>	
	Homeowners DEPARTMENT OF INSURANCE Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
	Crop Hail		
j.	Workers Compensation	\$ 13,584,254	+3.7% (estimated)
).	Other		
	Line of Insurance		
es	filing only apply to certain territory (territories) or certai	n classes? If so, specify <u>I</u>	N/A
	description of filing (if filing follows rates of an advisory		
	Advisory Loss Costs with an effective date of Janua	ary 1, 2012 to be effective	e for all new and renewa
_	es on and after January 1, 2012.		

American Interstate Insurance Company

Name of Company

Kathy Wells, State Filing Coordinator

Official - Title

FORM (RF-3)



SUMMARY SHEET

JAN 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	voidine (illinois)	Onange (101)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		***************************************
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	MARKET CONTRACTOR CONT	
Other Workers Compensation	645,926	+3.7%
Life of Insurance		Andrews
Does filing only apply to certa	ain territory (territories) or	certain
Classes? If so,	,	
specify: No.		
Brief description of filing. (If the Organization, specify organization):	•	dvisory loss costs that become effective 1/1/2
*Adjusted to reflect all prior ra		t from application of new
rates.		
		surance Company, Inc.
	Nar	ne of Company

Mike Carney, Assistant VP, Compliance

Official - Title

FORM (RF-3)



SUMMARY SHEET

	effective 01/01/2012	·····	SPRINGFIELD, ILL
-	(1)	(2)	(3)
	-	Annual Premium	Percent
	Coverage	 Volume (Illinois) * 	_ Change (+or-) **
	Automobile Liability Private		
	Passenger	**************************************	
	Commercial		
	Automobile Physical Damag		_
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass	<u></u>	
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
•	Other Workers Compensation Life of Insurance	104,684	+0.9%
	Does filing only apply to certa Classes? If so,	ain territory (territories) o	r certain
	•	ng applies to all classes and	territories
	Brief description of filing. (If	filing follows rates of an a	advisorv
	Organization, specify		· ,
	organization):	We will be using NCC	l loss costs as approved in
	Circular 2011-11.		
	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
	rates.	HIGHT ICACL MITHOU MITH 1620	at nom application of new
	rates.	American Nationa	I Property And Casualty Compan
			ame of Company
			ompliance Analyst
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	January 1, 2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	0.705.000	
15. Other Workers Compensation Line of Insurance	6,705,069	+3.9
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	no
Brief description of filing. (If filing follows rousiness effective January 1, 2012, we wis 2011-14.	ates of an advisory organization, specify sh to adopt NCCI rates announced in Cir	organization): <u>For new and renewal</u> cular IL-2011-11 and approved in IL-
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	ch will result from application of new rates	
	Americu	re Insurance Company
		Name of Company
	Tracy Upco	tt - Compliance Analyst II
		Official Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	5,324,293	+2.6
Line of Insurance		
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows ra	ates of an advisory organization, specify	organization): For new and renewal
business effective January 1, 2012, we wis	h to adopt NCCI rates announced in Cir	<u>cular IL-2011-11 and approved in IL-</u>
2011-14.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rates	
		lutual Insurance Company Name of Company
	Tracy Upco	tt - Compliance Analyst II Official - Title



JAN 0 1 2012

DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

FORM (RF-3)



SUMMARY SHEET

FEB 0 1 2012

effective February 1, 2012	*	SPRINGFIELD, ILLINGIS
(1)	(2)	(3)
_	Annual Premium	Percent
Coverage	- Volume (Illinois) *	_ <u> </u>
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$742,542	+3.9
Life of Insurance		
Does filing only apply to cert	tain territory (territories) or	certain
Classes? If so,		
specify: No		
Brief description of filing. (If	filing follows rates of an a	advisorv
Organization, specify	9	
organization):	Effective 2/1/12 we wish t	to adopt IL-2011-14 , which refelcts
an overall increase of 3.5% for all new	, renewal, and outstanding policies.	
*Adjusted to reflect all prior	rate changes.	
**Change in Company's pre		ılt from application of nev
rates.	-	
	AmGUARD Insura	ance Company
	N.L.	mo of Company

Name of Company

Jolene Carey - State Filings Representative I

Official - Title



JAN 0 1 2012

Form (RF-3)

SUMMARY SHEET STATE OF ILLINOIS SPHINGFIELD, ILLINOIS

•	Change in Company's premium or rat	e level produced by rate revision effective	01/01/2012
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		· .
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$343,288	+2.8%
	Compensation		
	Line of Insurance		
	iling only apply to certain territory (to	erritories) or certain classes? If so, specify	7:
No			
		•	
		s rates of an advisory organization, specify	organization):
Ado	ption of NCCI filing circular II	L-2011-11	
	djusted to reflect all prior rate change		
	hange in Company's premium level w	thich will	
re	sult from application of new rates.		
		Ans	ur America Insurance
			npany
		Con	apmaj

Annie Kribs, Product Analyst
Official - Title

Name of Company

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FORM (RF-3)

SUMMARY SHEET

SUIVINARY SHEET STATE OF ILLINOIS
Change in Company's premium or rate level produced by rate PRINGIPLE. ILLINOIS

effective 01/01/2012	•	ILLINOI
(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	_ Change (+or-) **
Automobile Liability Private		
Passenger		· · · · · · · · · · · · · · · · · · ·
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety	***************************************	
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	1,275,250	+ 3.7%
Life of Insurance		
Does filing only apply to cert Classes? If so,	ain territory (territories) o	r certain
specify: No		
Brief description of filing. (If Organization, specify	filing follows rates of an a	advisory
organization):	NCCI - Voluntary Adv	isory Rates and Rating Values
*Adjusted to reflect all prior r **Change in Company's prer	<u> </u>	ult from application of new
-rates · · · · · · · · · ·	Badger Mutual Ins	surance Company
		me of Company
		sation Coordinator
		Official - Title

FORM (RF-3)



SUMMARY SHEET

JAN 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		- <u> </u>
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		·
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	301,863	-5.30%
Life of Insurance		
Does filing only apply to cert	ain territory (territories) or	certain
Classes? If so,	(10111101100) 0.	oo.ta
•	ling applies to all class codes/terri	itories.
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify	O	•
organization):	Adoption of NCCI Loss Co	osts and maintain our Company LCM
from 1.50.		
*Adjusted to reflect all prior r		
**Change in Company's pre	mium level which will resu	It from application of new
rates.	·	· -
	Bancinsure, inc.	
		me of Company
	Kathryn A. Smith, F	ilings Analyst Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective 4770%	03/11/12
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation Line of Insurance	29,590	3.70%
	es filing only apply to certain territory ies to all WC class codes	(territories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows g to adopt NCCI LC effective 1/1/2012.	rates of an advisory organization, specify orga	anization):
	ljusted to reflect all prior rate changes hange in Company's premium level w	s. hich will result from application of new rates.	
		Berkley National Insurance Cor	nnany
		Control of the contro	ne of Company
		Michelle Freitag, Consulting Ac	tuary

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Official - Title

MAR 0 1 2012

State of Illinois Department of Insurance Springfield, Illinois

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		1-1-12	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	9,184,414	+4.0%	
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify	: <u>No</u>	
Brief description of filing. (If filing follows ra Adopting NCCI's revised loss costs per circ			
expense multiplier			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ich will result from application of new rates	S.	
	Ritumino	us Casualty Corporation	
		Name of Company	
	Dan Trotter - Direct	tor of Rate Development & Filings	
		Official – Title	

FILED

JAN 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	1-1-12
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft	····	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine	16-1-200-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	1,129,094	+4.0%
Line of Insurance	.,	
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	No
	ates of an advisory organization, specify org cular IL-2011-14 and IL-2011-11 while main	
expense multiplier	Culai IL-2011-14 and IL-2011-11 Willie Illaii	taining our company's content
expense manipher		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates.	
	Pituminous Fire or	ad Marina Incurance Company
		nd Marine Insurance Company ame of Company
	14	and or company
	Dan Trotter - Directo	or of Rate Development & Filings
		Official - Title



JAN 0 1 2012

State of Illinois Department of Insurance Springfield, Illinois



FORM (RF-3)

JAN 0 1 2012

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANGE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01/01/2012 new and renewal (1) (2) (3)Annual Premium Percent Coverage Volume (Illinois) * Change (+or-) ** 1. Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$1,648,542 +3.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI State Filing Circular IL-2011-14 with no modifications. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Capitol Indemnity Corporation

> Name of Company Amanda Mullen, Senior Product Analyst

> > Official - Title



SUMMARY SHEET

Faye V. Storch Senior Business Analyst

Official - Title

JAN 0 1 2012

Annual Premium Coverage Annual Premium Volume (Illinois)* Annual Premium Change (+ or -)*** Change (+ or -)*** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective for all policies effective on or after January 1, 2012.	(Change in Company's premium or rate	level produced by rate revision effective	01/01 PBPARTMENT OF ILLINOI SPRINGFIELD, ILLINO
Annual Premium Coverage Nolume (Illinois)* Annual Premium Change (+ or -)** Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.		(1)	(2)	(3)
Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. * CastlePoint National Insurance Co.		(1)		
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. ** CastlePoint National Insurance Co.		Coverage		
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	1.	Automobile Liability		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filling effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.		Private Passenger		
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.		Commercial		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	2.	Automobile Physical Damage		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.		•		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.		Commercial		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	3.	Liability Other Than Auto		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	4.	Burglary and Theft		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	5.	Glass		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	6.	Fidelity		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	7.	Surety		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	8.			
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11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	10.	Extended Coverage		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	11.	-		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	12.	Homeowners		
14. Crop Hail 15. Other Workers Compensation 4,563,017 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	13.			
15. Other Workers Compensation 4,563,017 3.7% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.				
Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.			4.563.017	3.7%
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Tower National Insurance Company herewith proposes to adopt NCCI's latest Voluntary Market Loss Costs and Rating Values effective 1/1/2012. We wish to make this filing effective for all policies effective on or after January 1, 2012. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.				
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** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.	Tow Cost	er National Insurance Company her s and Rating Values effective 1/1/2	rewith proposes to adopt NCCI's lates 012.	st Voluntary Market Loss
** Change in Company's premium level which will result from application of new rates. CastlePoint National Insurance Co.				
	** Cl	nange in Company's premium level wh		
Name of Company			Castle	
				Name of Company

SUMMARY SHEET

hange in Compar	y's premium or rate leve	el produced by rate revision effective	February 1, 2012
		_	
	(1)	(2) Annual Premium	(3) Percent
<u>C</u>	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile L	iability		
Private Pas			
Commercia			
2. Automobile F	Physical Damage		•
Private Pas			
Commercia			
Liability Othe			
4. Burglary and	Theft		
5. Glass			
Fidelity			
7. Surety			
8. Boiler and Ma	achinery		
9. Fire			ar and a
10. Extended Co			
11. Inland Marine			
12. Homeowners			
13. Commercial	Multi-Peril		to be a second of the second o
14. Crop Hail		200.55.50	0.70
	ers' Compensation	\$8,955,709	3.7%
Line of	Insurance		
5 (***)		(i : i :)	.,
• .	pply to certain territory ((territories) or certain classes? If so, spec	спу:
No.			
5:61	C C !!	the state of the s	
		rates of an advisory organization, specify	y organization):
Rate filing base	d on NCCI's approved	advisory loss costs.	
— Adjusted to re	eflect all prior rate chance	nes.	

- Change in Company's premium level which will result from application of new rates.

Chartis Casualty Company

Name of Company

Walter Murphy Filings Analyst Official - Title

H29219D

FEB 0 1 2012

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STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

SUMMARY SHEET

e in Company's premium or rate	level produced by rate revision effective	February 1, 2012
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Other Workers' Compensation	-\$863,045	3.7%
Line of Insurance		
	ory (territories) or certain classes? If so, speci	
		IV.
	Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation	Annual Premium Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Annual Premium Volume (Illinois)* Annual Premium Volume (Illinois)* Annual Premium Volume (Illinois)*

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Name of Company

Walter Murphy Filings Analyst

Chartis Property Casualty Company

Official - Title

FEB 0 1 2012 H29219D

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		March 1, 2012	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft 5. Glass			
5. Glass 5. Fidelity			
7. Surety			
B. Boiler and Machinery	•		
B. Fire			
10. Extended Coverage			
I1. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	\$36,112,667	+4.6%	
Does filing only apply to certain territory (terr	tories) or certain classes? If so, specif	y: All Classes and codes are affected.	
Brief description of filing. (If filing follows rate rates effective 3/1/2012. Please reference No			
Adjusted to reflect all prior rate changes.			
*Change in Company's premium level which	will result from application of new rate	es.	
	The Cinc	cinnati Casualty Company	
		Name of Company	
	Kara Arms	tead - Senior Filings Analyst	
		Official – Title	

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MAR 0 1 2012

STATE OF ILLINOIS
BEFARTMENT OF INSURANCE
SPRINGFIELD. ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	March 1, 2012	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$6,091,328	+3.3%
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify rates of an advisory organization, specify o e NCCI circulars IL-2011-11 and IL-2011-14	rganization): We are adopting NCCI's
'Adjusted to reflect all prior rate changes '*Change in Company's premium level w	hich will result from application of new rate	
		nnati Indemnity Company Name of Company ead - Senior Filings Analyst Official - Title

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MAR 0 1 2012

STATE OF ILLINOIS
OBPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	March 1, 2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$8,285,296	+3.7%
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify rates of an advisory organization, specify o e NCCI circulars IL-2011-11 and IL-2011-14	rganization): We are adopting NCCI's
Adjusted to reflect all prior rate changes Change in Company's premium level w	hich will result from application of new rate:	S.
	The Cinci	nnati Insurance Company Name of Company
	Kara Armst	ead - Senior Filings Analyst Official – Title



MAR 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

SUMMARY SHEET

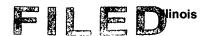
Change in Company's premium or rate	level produced by rate revision effe	ctive February 1, 2012
(4)	(2)	(3)
(1)	(2) Annual Premium	Percent
0		Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability		
Private Passenger		
Commercial	-	<u> </u>
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$28,634,924	3.7%
Line of Insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? I	f so, specify:
No.		
Brief description of filing. (If filing fol		on, specify organization):
Rate filing based on NCCI's appro	ved advisory loss costs.	
 * Adjusted to reflect all prior rate c 		
** Change in Company's premium	level which will	
result from application of new rat	es.	
		Commerce and Industry
		Insurance Company
		Name of Company
		,
		Walter Murphy
		Filings Analyst
•	FILED	Official - Title
H29219D		
	FEB 0 1 2012	

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BEPARTMENT OF INSURANCE
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DEPARTMENT OF INSURANCE
SPRINGFIELD



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ILLINOIS SUMMARY SHEET

FORM RF-3

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produ	uced by rate revision effective	02/0//12
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or)**
1. Automobile Liability	t oranio (iiii.io)	omanigo (or ,
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft	*****	***
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	- In Walter	
14. Crop Hail		
15. Workers Compensation	\$10,000,000	3.5%
16. Other	<u> </u>	0.070
Line of Insurance		
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify <u>No</u>	2
Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ition)
Adopting January 1, 2012 NCCI Voluntary ra	tes and rating values with an effectiv	e date of February 1, 2012 withou
deviation.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w	ill result from application of new rates.	
	Continer	ntal Indemnity Company
	**************************************	Name of Company
		carich, Actuary
	Offi	cial — Title

FORM (RF-3)

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SUMMARY SHEET

Change in Company's prem effective February 1, 2012 (1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private	<u> </u>	- Onlangs (*O.)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger	•	
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		-
Extended Coverage		the state of the s
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$888,045	+0.7
Life of Insurance		
Does filing only apply to cer Classes? If so,	tain territory (territories) or	rcertain
specify: No		
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify		
organization):	Effective 2/1/12 we wish to	to adopt IL-2011-14 , which refelct
an overall increase of 3.5% for all new	, renewal, and outstanding policies.	

EastGUARD Insurance Company

Name of Company Jolene Carey - State Filings Representative I

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		
(2) Annual Premium	(3) Percent	
olume (Illinois)*	Change (+ or -)**	
,		
	•	
44 500 070	12.70/	
11,522,372	+3.7%	
or cortain classes? If so, spec	-i6.	
or certain classes: 11 so, spec	city:	
10 10 10 10 10 10 10 10 10 10 10 10 10 1		
n advicent organization, speci	fv organization):	
	11-2011-14	
ste of 2/1/2012.		
sult from application of new ra	ates.	
Fmnlovers T	nsurance Company of Wausau	
Linployers 1	Name of Company	
Bonnie Re	oeder State Filings Analyst	
	Official - Title	
	(2) Annual Premium olume (Illinois)* 11,522,372 or certain classes? If so, specing advisory organization, specing values based on NCCI circulate of 2/1/2012. Sult from application of new remainder of the second secon	



FEB 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET



	effective January 1, 2012 (1) Coverage	(2) Annual Premium Volume (Illinois) *	Percent Change (+or-) **
	Automobile Liability Private Passenger		
	Commercial Automobile Physical Damag Private Passenger Commercial		•
	Liability Other Than Auto Burglary and Theft Glass		
	Fidelity Surety		
	Boiler and Machinery Fire		
).	Extended Coverage Inland Marine		
	Homeowners Commercial Multi-Peril Crop Hail		
	Other Workers Compensation Life of Insurance	230,890	+3.5%
	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) o	r certain
	Brief description of filing. (If fi Organization, specify organization):	•	advisory ntary Rates and Rating Values effective
	January 1, 2012.		
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		ult from application of new
		Explo	rer Insurance Company
			ame of Company
			Steinell, Sr. Filing Analyst
			Official – Title

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
	voice (initially)	
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
-	•	
Boiler and Machinery Fire MAR 0 1 2012		
Extended Coverage		
Inland Marine Homeowners Commercial And Commercial		·-·
Homeowners TATELY OF INSURANCE -		
Commercial Balla Perillip Fig. 16410918		
Crop Hail		
Other Workers Compensation	\$2,010,271	0.3%
Line of Insurance	<u> </u>	
res filing only apply to certain territory (territories isses? If so, specify: No) or certain	

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> Farmers Insurance Exchange Name of Company

game of Selbort James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation
Official - Title

SUMMARY SHEET

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DEC -8 2011

	Change in Company's premiun revision effective September 1		STATE OF ILLINOIS
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Test		
6.			
7.	SEP 0 1 2011		
8.	Boiler and MacRiners OF ILLINOIS Fire SPRINGFIELD, ILLINOIS Extended Coverage		
9.	Fire SPRING OF INSURA		
0.	Fire SPRINGFIELD, ILLINOIS Extended Coverage		
1.	Inland Marine		
1. 2.	Homeowners		
	Commercial Multi-Peril		
3.			
4.	Crop Hail	44.054.400	-8.8%
5.	Other Workers' Compensation	11,351,190	-0.076
Doe <u>Ne</u>	es filing only apply to certain territory (territo	ories) or certain classes	? If so, specify:
	f description of filing. (If filing follows rated doption of NCCI Circular IL-2011-07 Illinoid		
E	nactment of House Bill 1698-Voluntary Ad	visory Rates and Adviso	ry Loss Costs Effective
S	eptember 1, 2011		
* C	djusted to reflect all prior rate changes. Thange in Company's premium level which rill result from application of new rates.	ı	
٧١	miresait nom application of flow fates.		Federated Mutual Ins. Co.
			Name of Company
		Greg Bangs	ACAS, MAAA – Assoc. Actuary

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2012

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois) *</u>	(3) Percent <u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	-	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		• • • • • • • • • • • • • • • • • • • •
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	11,351,190	+3.7%
N			JAN Ó 1 2012
Brie	f description of filing. (If filing follows ra	tes of an advisory organization	ARTHEMTODIAINSURANCE SPRINGFIELD, ILLINOIS
A	doption of approved NCCI Circular IL-20		
C	osts, and Rating Values Effective Janua	ry 1, 2012.	
** C	djusted to reflect all prior rate changes. hange in Company's premium level whi rill result from application of new rates.	F	ederated Mutual Ins. Co.
		Greg Bangs AC	me of Company AS, MAAA – Assoc. Actuary Official – Title

RECEIVED

SUMMARY SHEET

DEC -8 2011

	revision effective Septembe		STATE OF ILLINOIS DEPARTMENT OF INSURAN SPRINGFIELD
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
	omobile Liability ivate Passenger		
Auto	ommercial omobile Physical Damage ivate Passenger		
Co	ommercial		
Liab	ility Other Than Auto		
Burg	glary and Theft		
Glas	ss		
Fide	FILED		
Sure			
Boile	er and Machinery 2011		
Fire	SER W I ZUII		
Exte	ended Coverage IINOIS		
Inia	EPARTMENT OF INSURANCE		
	neowners		
	nmercial Multi-Peril		
	p Hail		
-	er Workers' Compensation Line of Insurance	864,895	-8.8%
es filin No	ng only apply to certain territory (ter	ritories) or certain classes? If	so, specify:
	cription of filing. (If filing follows rat		
Enactn	nent of House Bill 1698-Voluntary A	advisory Rates and Advisory L	OSS COSIS Effective
Septen	nber 1, 2011.		
Chang	ed to reflect all prior rate changes. Je in Company's premium level which sult from application of new rates.	ch	
	• •		ederated Service Ins. Co.
			ne of Company
		Greg Bangs, AC	AS, MAAA – Assoc. Actuary

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2012 .

.,

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent <u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety	, , , , , , , , , , , , , , , , , , ,	
3.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers' Compensation Line of Insurance	864,895	+1.3%
N			JAN 0 1 2012
	f description of filing. (If filing follows radioption of approved NCCI Circular IL-20	8001	MENT OF INSUBANCES
	osts, and Rating Values Effective Janua		TAMOIS
	oolo, and rading values Encoure dance	1, 2012.	
C	djusted to reflect all prior rate changes. change in Company's premium level wh rill result from application of new rates.	ich	
			Federated Service Ins. Co.
	-		ame of Company CAS, MAAA – Assoc. Actuary
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		February 1, 2012	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
Automobile Liability Commercial			
Automobile Physical Damage Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	4,628,774	+3.7%	
Line of Insurance			
Does filing only apply to certain territories and classes	ry (territories) or certain classes? If so, specify		
	flows rates of an advisory organization, specify costs and rating values based on NCCI circular I		
for new and renewal policies with	an effective date of 2/1/2012.		
*Adjusted to reflect all prior rate chan ** Change in Company's premium leve	el which will result from application of new rates		
		rty Insurance Corporation	
	Na	ame of Company	
	Bonnie Roed	ler State Filings Analyst	
		Official - Title	





JAN 0 1 2012

Form (RF-3)

SUMMARY SHEET

Official - Title

STATE OF ILLINOIS DEPARTMENT OF INCORANCE

(Change in Company's premium or rate	GFIELD, Produced by rate revision effecti	ve <u>1/1/2012</u>
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
<i>3</i> . 4 .	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
5.	Glass		
6.	Fidelity	· · · · · · · · · · · · · · · · · · ·	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		-
15.	Other Workers Compensation	2,631,472	4.1%
	lescription of filing. (If filing follows re filing to adopt the 1/1/2012 NCCI to	rates of an advisory organization, spec	
	tive 1/1/2012.	oss costs and to change our current rost	
** Ch	ljusted to reflect all prior rate changes. nange in Company's premium level wh sult from application of new rates.	ich will	
			orists' Mutual Insurance ompany
			Name of Company
			nnielle Ankrom, Senior ompliance Analyst



JAN 0 1 2012

Form (RF-3)

SUMMARY SHERARTMENT OF ILLINOIS SPRINGFIELD, ILLINOIS

	Change in Company's premium or ra	te level produced by rate revision effective	01/01/2012
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$13,629,650	+4.7%
	Compensation		
	Line of Insurance		
Does No		territories) or certain classes? If so, specify:	
	description of filing. (If filing follow option of NCCI filing circular I	vs rates of an advisory organization, specify of L-2011-11	organization):
** (Adjusted to reflect all prior rate change Change in Company's premium level vesult from application of new rates.		

Frankenmuth Insurance Company

Name of Company

Annie Kribs, Product Analyst
Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

JAN 0 1 2012

FORM (RF-3)

State of Illinois Department of Inburance Springfield, Illinois

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		<u> </u>
Passenger		
Commercial		
Automobile Physical Damag		<u></u>
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Worker's Compesation	1,585,304.00	-7%
Life of Insurance		
Does filing only apply to certa	ain territory (territories) or	certain
Classes? If so,		
specify: No		
Brief description of filing. (If	filing follows rates of an ac	lvisory
Organization, specify	iming ronows rates of arrac	
organization):	NCCI	
*Adjusted to reflect all prior ra		1
**Change in Company's pren	nium level which will result	t from application of ne
rates.	Gateway Insurance	Company
		no of Company

Name of Company
Lyn Ward - V.P. Compliance & Administration

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level pr	oduced by rate revision effective	2-1-12
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>ooverage</u>	Volume (illinois)	Onungo (* Or)
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Data to Danier of Control of		
Liability Other Than Auto		
4 Duralant and That		
5. Glass	0	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#0.000.454	4 20/
15. Other Workers Compensation Line of Insurance	\$9,689,454	-1.3%
1-12 rates effective on 2-1-12. We are also cl deviation of 1.05 to the class codes indicated b		vvo mon to romovo our admost.
0042 5057 5221 5473 5539 6018 6236 760	05	
0050 5059 5222 5474 5551 6045 6237 76	<u> </u>	
1322 5069 5223 5478 5606 6204 6251 76	12	
3365 5102 5348 5479 5610 6206 6252 76	<u> </u>	LED
3719 5146 5402 5480 5645 6213 6260 785	<u></u> 55	
3724 5160 5403 5491 5651 6214 6306 822		FEB 0 1 2012
3726 5183 5437 5506 5703 6216 6319 953	34	TEB 0 1 2012
5020 5188 5443 5507 5705 6217 6325 955	5/1	
5022 5190 5445 5508 6003 6229 6400	DEPARTA	TE OF ILLINOIS
5037 5213 5462 5535 6005 6233 7538	SPRIN	ENT OF INSURANCE
5040 5215 5472 5537 6017 6235 7601		TE OF ILLINOIS ENT OF INSURANCE IGFIELD, ILLINOIS
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which w		s. asualty Insurance Company Name of Company
	David Nardi	- Rate and Form Technician
·	Bavia Ivalui	Official – Title
		RECEIVED

DEC 20 2011

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		2-1-12	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage 11. Inland Marine			
11. mland Marine 12. Homeowners	*		
12. Homeowners 13. Commercial Multi-Peril			
13. Confine ciai Multi-Perii 14. Crop Hail			
14. Crop Hall 15. Other <u>Workers Compensation</u>	\$6,690,123	-1.3%	
Line of Insurance	ψ0,090,123	1.070	
Does filing only apply to certain territory (terri Brief description of filing. (If filing follows rate 1-12 rates effective on 2-1-12. We are also o	s of an advisory organization, specif	fy organization): Adoption of the NCCI 1-	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new ra	ites.	
	General C	asualty Company of Wisconsin	
	General_C	Name of Company	
Water .	David Nar	di - Rate and Form Technician	
		Official – Title	



State of Illinois Department of Inburance Springfield, Illinois RECEIVED

DEC 20 2011

SUMMARY SHEET

hange in Company's premium or rate level produced by rate revision effective		February 1, 2012	
(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
Automobile Liability			
Private Passenger			
Commercial			
Automobile Physical Damage Private Passenger Commercial			
Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	And the state of t		
15. Other Workers' Compensation	\$1,244,029	3.7%	
Line of Insurance			
Doos filing only apply to cortain territor	y (territories) or certain classes? If so, speci	fr.c	
No.	y (territories) or certain classes: It so, speci	iry.	
110.			

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

FILED

Walter Murphy Filings Analyst Official - Title

H29219D

FEB 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEC 21 2011

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2012

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	<u> </u>	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		-
14.	Crop Hail		
15.	Workers Compensation	\$13,516,651	2.7%
16.	Other		
	(Line of Insurance)		
Does fil	ing only apply to certain territory (territorie	es) or certain classes? If so, specify:	NO
Adoptio	escription of filing. (If filing follows rates of an of NCCI Loss Costs and Rating Values e January 1, 2012. Our filing (IL11184CG	from NCCI Circular IL-2011-11	nization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Great American Alliance Insurance Company

Name of Company

MAR 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Donna Lansing, Compliance Filing Specialist
Official - Title

WC-IL-6

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2012

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
3.	Commercial Liability Other Than Auto		
4 .	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	-	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$138,530	3.1%
16.	Other		
	(Line of Insurance)		
Does fi	ling only apply to certain territory (territorie	es) or certain classes? If so, specify:	NO
	escription of filing. (If filing follows rates of		nization):
	on of NCCI Loss Costs and Rating Values		
effectiv	e January 1, 2012. Our filing (IL11184CG	500028) to be effective March 1, 2012.	

* Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.



Great American Assurance Company
Name of Company

MAR 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Donna Lansing, Compliance Filing Specialist
Official - Title

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2012

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$830,640	2.8%
16.	Other		
	(Line of Insurance)		
Does fili	ing only apply to certain territory (territories	s) or certain classes? If so, specify:	NO
Daint de			
	scription of filing. (If filing follows rates of a		anization):
	n of NCCI Loss Costs and Rating Values		
епесиу	e January 1, 2012. Our filing (IL11184CG	00026) to be effective March 1, 2012	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Great American Insurance Company of New York
Name of Company

MAR 0 1 2012

Donna Lansing, Compliance Filing Specialist
Official - Title

Section 754 EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

JAN 0 1 2012

SUMMARY SHEET

STATE OF ILLINGIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINGIS

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private		<u> </u>
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
١.	Extended Coverage		
	Inland Marine		
	Homeowners		
١.	Commercial Multi-Peril		
١.	Crop Hail		
,),	Other Workers Compensation	\$68,188.30	-1.04%
	Life of Insurance		
	Does filing only apply to certa Classes? If so,	in territory (territories) o	r certain
	specify: No		
	opoony.		
	Brief description of filing. (If f	iling follows rates of an a	advisorv
	Organization, specify	3	•
	organization):	Filing is for the adoption of	of the National Council on Compensation
	Insurance (NCCI) 1/1/2012 rates without	modification (IL-2011-11)	
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	HOLLIGACI MILICLI MIII 1620	at nom application of new
	14(03.	Greater New York	Mutual Insurance Company
			ame of Company

Name of Company

John Moylan - VP Commercial Lines Underwriting

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Char	ge in Company's premium or rate level produced by rate	e revision effective <u>January</u>	v 1, 2012
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability	volumo (mmolo)	onango (* or)
'.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
		···	
3.	Linkillia Other the and head		
3. 4.	Liability Other than Burglary and Theft		
	Glass		
5.	IAN A B AALA		
6. 7	Fidelity PAN 9 1 2012		
7.	Surety STATE OF ILLINOIS		
8.	Surety Boiler and Machard MENT OF INSURANCE Fire		
9. 10			
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	0.570.054	
15.	Workers Compensation	6,572,951	+5.8%
16.	Other Line of Insurance		
	Line of insurance		
Does	filing only apply to certain territory (territories) or certain	n classes? If so, specify	
Brief	description of filing (if filing follows rates of an advisory	organization, specify organizat	tion) Adoption of NCCI
	sory Rates, without deviation, approved under NCCI Circ		
7 lavic	ory reaces, will out deviation, approved under recording	Salar IE 2011 11 to 50 chootive	o dandary 1, 2012.
	Adii shad ta naffa at all muian nata ale anna		
	Adjusted to reflect all prior rate changes.		
**	change in Company's premium level which will result fro	om application of new rates.	
		Great West Casualty (Company
		Name of Cor	
		Janice L. Hohens	tein CPCII
		Actuarial Ar	
		Official - T	

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	1/1/12%
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation Line of Insurance	327,066	3.7
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	No.
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify orga	nization):
	pt loss costs eff 1/1/2012		
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		Greenwich Insurance	
			me of Company
		Joseph Binkowski, Assistant \	/ice President
			Official – Title



JAN 0 1 2012

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{March 1, 2012}}$.

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	<u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger 		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity7. Surety8. Boiler and Machinery9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	8,934,959	-0.4%
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization values per approval circulars IL-21.757 to become effective March 1,	filing follows rates of an h): Adoption of NCCI loss	n advisory costs and rating
This is a combination of two NCCI renewal and outstanding policies policies per IL-2	filings: the 9/1/11 Law-Oper IL-2011-07) and the 1/	nly filing (new,
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will rates.	MAR 0 1 2012
	Grinnell Mutual Reinsura	STATÉ OF ILLINOIS SEPARTMENT OF INSURANCE Incestinguités. Illinois
	Name of Compar	
	Karen Bethea - Act	
H29219D	Official - Tit	le ·

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	1/1/2012
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other 16.0 Workers' Compensation	74,040	-5.4%
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	NO
2000 ming only apply to contain territory		
Brief description of filing. (If filing follows We are adopting NCCI loss cost outlined under IL-	s rates of an advisory organization, specify organization, specify organization.	zation):
*Adjusted to reflect all prior rate change		
Change in Company's premium level	which will result from application of new rates.	
	GuideOne Elite Insurance	
	Name	of Company
	Joseph Highbarger ECAS MAAA	- Asst VP / Actuary



Official - Title

JAN 0 1 2012

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	el produced by rate revision effective	1/1/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other 16.0 Workers' Compensation Line of Insurance	1,480,906	11.7%
	Line of Insurance		
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	NO
	of description of filing. (If filing follows ra	tes of an advisory organization, specify organiz 010-10, with no changes to company LCM.	zation):
	ljusted to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	
		GuideOne Mutual Insurance	
		CONTRACTOR OF THE PROPERTY OF	of Company
		Joseph Highbarger, FCAS, MAAA	- Asst VP / Actuary

Official - Title



JAN 0 1 2012

rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FILED

FORM (RF-3)

SUMMARY SHEET

JAN 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (4er) **
Automobile Liability Private	volume (minois)	Change (+or-) **
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		<u></u>
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation Life of Insurance	\$3,524,448	+3.26%
Life of insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
specify: No.		
Brief description of filing. (If fi	ling follows rates of an ac	dvisory
Organization, specify	-	•
organization):	We are adopting National 0	Council on Compensation Insura
(NCCI) 01/01/2012 Illinois Advisory Rates	s and Miscellaneous Values.	

Illinois Casualty Company

Name of Company

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Official - Title

SUMMARY SHEET

lange in Company's premium or rate l	evel produced by rate revision effective	February 1, 2012
		
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		A-11-11-11-11-11-11-11-11-11-11-11-11-11
12. Homeowners	-	
13. Commercial Multi-Peril		
14. Crop Hail		2.70/
15. Other Workers' Compensation Line of Insurance	\$107,443,378	3.7%
Does filing only apply to certain territo No.	ry (territories) or certain classes? If so, speci	ify:

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Illinois National Insurance Co.

Name of Company

Walter Murphy Filings Analyst

Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

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Change in Company's premium or rate level produced by rate revision effective: 01/01/2012

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		FILED
2.	Automobile Physical Damage Private Passenger Commercial		JAN 0 1 2012
3.	Liability Other Than Auto		State of Illingis Department of Insurance Springfield, Illingis
4.	Burglary & Theft		A STATE OF THE PERSON OF THE P
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		•
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$652,066	3.7%
16.	Other:		
Does fili If so, sp		tory (territories) or certain classes? NO	
IMT Inst		lows rates of an advisory organization, spe CI 's Advisory Loss Cost to be effective Januar eption pages with this filing.	

*Adjusted to reflect all prior rate changes.

IMT Insurance Company
Name of Company
Paula Mumm, CPCU, Compliance Analyst, Research & Development
Official - Title

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		ctive February 1, 2012
(1)	(2)	(3)
(1)	(2) Annual Premium	Percent
Cavaraga		Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$20,207,663	3.7%
Line of Insurance		
Does filing only apply to certain territo	ry (territories) or certain classes? If	f so, specify:
No.		
Brief description of filing. (If filing follo	· ·	n, specify organization):
Rate filing based on NCCI's approv	ed advisory loss costs.	
* Adjusted to reflect all prior rate ch	anges	
** Change in Company's premium le		
result from application of new rate	55.	The Insurance Company of the
		State of Pennsylvania
		Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
H29219D		This is

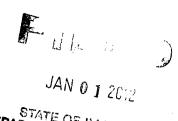
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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

SUMMARY SHEET

JAN	0	Ĭ	20
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(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		DEBASTATA
Extended Coverage		DEBA STATE
Inland Marine		BALMEN PELLEL
Homeowners		WAS IN
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	4,634,549	+3.5%
Life of Insurance		
Does filing only apply to certa	oin tarritany (tarritarias) ar	cortain
Classes? If so,	in terniory (terniones) or	Certain
specify: No		
specify.		Will Told Told Told Told Told Told Told To
Brief description of filing. (If f	iling follows rates of an ac	tvisorv
Organization, specify	ū	•
organization):	Adoption of NCCI's Volunta	ary Advisory Rates and Rating Values
effective January 1, 2012.		
*Adjusted to reflect all prior ra **Change in Company's premates.	•	t from application of new
. 4.55.	insurance	e Company of the West
		ne of Company
	LACIT	ne or company

Official - Title

SUMMARY SHEET

Cha	nge in Company's premium or rate l	evel produced by rate revision effective	February 1, 2012
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
_	Commercial		
2.	Automobile Physical Damage Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	,	
5.	Glass		
6.	Fidelity		
7.	Surety		
, . 8.	Boiler and Machinery		
o. 9.	Fire		
	-		
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation Line of Insurance	27,640,717	+3.7%
Brie		ows rates of an advisory organization, specify sts and rating values based on NCCI circular	
	for new and renewal policies with a		
	justed to reflect all prior rate change Change in Company's premium level	es. which will result from application of new rate	es.
		Liberty	Insurance Corporation
			lame of Company
		Bonnie Roe	der State Filings Analyst
			Official - Title
			FEB 0 1 2012
		• · · · · · · · · · · · · · · · · · · ·	FED V."
		自留色	State of Illinois Artment of Inburance Springfield, Illinois

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision effective	February 1, 2012
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Commercial		
Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	W47-74	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	31,315,560	+3.7%
Line of Insurance		
Does filing only apply to certain terri All territories and classes	tory (territories) or certain classes? If so, specify	/:
Delay Adoption of the NCCI loss	follows rates of an advisory organization, specify costs and rating values based on NCCI circular I	
for new and renewal policies wi	th an effective date of 2/1/2012.	
*Adjusted to reflect all prior rate cha ** Change in Company's premium le	anges. evel which will result from application of new rate	es.
	Liberty Mutur	al Fire Insurance Company
		lame of Company
	·	,
	Bonnie Roe	der State Filings Analyst
		Official - Title



FEB 0 1 2012

SUMMARY SHEET

Change in (Company's premium or rate le	vel produced by rate revision effective	February 1, 2012
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automo	obile Liability		
С	ommercial		
	obile Physical Damage ommercial		
	Other Than Auto		
	ry and Theft		
5. Glass	y and merc		
GlassFidelity	,		
7. Surety	-		
•	and Machinery		
9. Fire			
-	ed Coverage		
11. Inland		- · · ·	
12. Homeo			
	ercial Multi-Peril		
14. Crop H			
•	Workers Compensation	2,943,719	+3.7%
	Line of Insurance		
Does filing	only apply to certain territory	(territories) or certain classes? If so, specify	:
All terr	itories and classes		
		vs rates of an advisory organization, specify	
		s and rating values based on NCCI circular I	L-2011-14
for nev	v and renewal policies with an	effective date of 2/1/2012.	
	o reflect all prior rate changes		
** Change	in Company's premium level v	which will result from application of new rates	5.
		Librardor Billion	well Indiana Communica
			tual Insurance Company
		Na	ame of Company
		Bonnie Roed	der State Filings Analyst
			Official - Title



FEB 0 1 2012

SUMMARY SHEET

Change in Company's premium or rate	e level produced by rate revision effective	February 1, 2012
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Commercial		
Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	5,634,486	+3.7%
Line of Insurance		
Does filing only apply to certain territories and classes	ory (territories) or certain classes? If so, specify	:
	ollows rates of an advisory organization, specify costs and rating values based on NCCI circular I	
for new and renewal policies with		
*Adjusted to reflect all prior rate char ** Change in Company's premium lev	nges. vel which will result from application of new rate:	5.
	I M Too	surance Corporation
		ame of Company
	TV4	and or company
	Bonnie Roed	der State Filings Analyst
		Official - Title



FEB 0 1 2012

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2012

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$121,582	1.20%
	Line of Insurance		
_			
	• • • • • • • • • • • • • • • • • • • •	(territories) or certain classes? If so, specify	
		11-14. The 1.2% rate increase shown above is the overa	Il rate impact for our own book
of bu	siness.		
		rates of an advisory organization, specify o	
		011-14. Our only deviation is unchanged from all prior rat	
		imum minimum premium of \$1000. Please see the attact	
		he manual exception page shows the maximum minimim	premium and the premium
algor	ithm we filed for 2010, 2009, 2008, 2007 and 200	06.	
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates	S.
		MEMIC Indemnity Company	

Name of Company

Mike Scully - Compliance Analyst

Official - Title



SEP 0 1 2011

FORM (RF-3) SUMMARY SHEET

Au P C Au P	(1) overage utomobile Liability rivate Passenger commercial utomobile Physical Damage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
Au P C Au P	ntomobile Liability Private Passenger Commercial Itomobile Physical Damage		
Au P C Au P	ntomobile Liability Private Passenger Commercial Itomobile Physical Damage	Volume (Illinois) *	Change (+ or -) *
P C Au P	rivate Passenger Commercial Itomobile Physical Damage		
C Au P	commercial Itomobile Physical Damage		
Au P	tomobile Physical Damage		
Р			
, ,	rivate Passenger		
	commercial		
	ability Other Than Augustus and Theff	D	· · · · · · · · · · · · · · · · · · ·
	inglary and Their		
	ass		
	delity MAR 19 01	2 ———	
	rety		
	iler and Machinery STATE OF ILLINOI	8	
Fir		MANA —	
	torided coverage	NANCE DIS	
	and Manne	-	
	omeowners		
	ommercial Multi-Peril		
	op Hail		
Otl	her Workers Compensation	\$2,415,995	-1.4%
	Line of Insurance		
	iling only apply to certain territory (territor? If so, specify: No	ories) or certain	

* Adjusted to reflect all prior rate changes.

. .

** Change in Company's premium level which will MAR 0 1 2012 result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company
Name of Company

game of Galbart

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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FORM (RF-3)

SUMMARY SHEET

JAN 0 1 2012

STATE OF ILLINOIS

Change in Company's premium or rate level produced by rate revision MENT OF INSURANCE

SPRINGFIELD, ILLINOIS (1) (2)(3) Annual Premium Percent Change (+or-) ** Coverage Volume (Illinois) * Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$77,273 3.7% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting NCCI Loss Cost Filing effective January 1, 2012 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Midwest Builders' Casualty Mutual Company Name of Company Rose Kasper - Compliance Officer Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		- Onlarige (101)
Passenger		
Commercial		
Commercial Automobile Physical Dama		
Private Passenger	9	•
Commercial		
Liability Other Than Auto Burglary and Theft	***************************************	
Glass		
Glass Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
Extended Coverage Inland Marine		
Homeowners Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	4 504 550	5.00
Life of Insurance	1,504,559	-5.6%
Life of insurance		
Does filing only apply to ce	rtain territory (territories) or	certain FEB 0 1 20
Classes? If so,		-B 0 1 20
specify:		BEPASTATE OF
		SPRINGE E BYNOU
Brief description of filing. (If filing follows rates of an a	advisory
Organization, specify		-,
organization):	NCCI	
+A 1'		
*Adjusted to reflect all prior		ult from application of now
**Change in Company's pr	emium level which will resu	It from application of new
rates.	Midwest Family M	utual Insurance Company

Cindy J., Kosen - R&D Analyst

Official - Title

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

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FORM (RF-3)

SUMMARY SHEET

JAN 0 1 2012

STATE OF ILLINOIS Change in Company's premium or rate level produced by rate PRIMERT OF INSURANCE SPRINGFIELD, ILLINOIS effective 01/01/2012 (1)(2) (3)Annual Premium Percent Volume (Illinois) * Change (+or-) ** Coverage : Automobile Liability Private 1. Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 11,876,594 3.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so. specify: No. Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting NCCI - IL 2014 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company Debi Barr-Holquist, Compliance Manager

Official - Title

SUMMARY SHEET

nange in Company's premium or rate	level produced by rate revision effect	ive February 1, 2012
- , , ,	,	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>ooverage</u>	voiding (minole)	<u> </u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$34,620,714	3.7%
Line of Insurance		
Does filing only apply to certain territo	ory (territories) or certain classes? If s	so, specify:
No.		
Brief description of filing. (If filing follo	ows rates of an advisory organization	specify organization):
Rate filing based on NCCI's approx		, openly organizations.
	-	
 * Adjusted to reflect all prior rate ch 	-	
** Change in Company's premium le		
result from application of new rate	es.	
		National Union Fire Insurance
		Company of Pittsburgh, Pa.
		Name of Company
		Walter Murchy
		Walter Murphy
	_	Filings Analyst Official - Title
H29219D		Official - Title
U737 12D	FILED	

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SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision effective	February 1, 2012
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		1000
12. Homeowners	***************************************	
13. Commercial Multi-Peril	1.00	And the second s
14. Crop Hail		
15. Other Workers' Compensation	\$46,351,491	3.7%
Line of Insurance		
Does filing only apply to certain ter	ritory (territories) or certain classes? If so, sp	pecify:
No.	, , , , , , , , , , , , , , , , , , , ,	•
Brief description of filing (If filing f	ollows rates of an advisory organization, spe	cify organization):
Rate filing based on NCCI's appl		
rate ming bacca on moors appr	orda darroory rood doordr	*****
* Adjusted to reflect all prior rate	changes	

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

New Hampshire Insurance Company

Name of Company

Walter Murphy Filings Analyst

Official - Title

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



(1)	(2) Annual Premium	DEPARTMENT OF ILLINOIS SPRINDFIELD, ILLINOIS Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damas	g	
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$973,472	+4.5
Life of Insurance	ψ310,412	14.0
Does filing only apply to ce Classes? If so, specify: No	rtain territory (territories) or	certain
Brief description of filing. (If filing follows rates of an a	dvisory
Organization, specify		
organization):		o adopt IL-2011-14 , which refelcts
an overall increase of 3.5% for all ne	w, renewal, and outstanding policies.	
*Adjusted to reflect all prior	rate changes.	
**Change in Company's prorates.		It from application of new
	NorGUARD Insura	ance Company
		water the second
	Na	me of Company

Official - Title



FORM RF-3

FEB 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois)*	BTATE OF ILLINOIS DEPARTMENT OF INSURANCE PERCENTIFIELD, ILLINGIS Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial	·	·
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	-	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	102,979	+5.69
·	material designation of the second	
16. OtherLine of Insurance		
16. Other Line of Insurance		
16. Other Line of Insurance Poes filing only apply to certain territory (territories	s) or certain classes? If so, specify	
Line of Insurance coes filing only apply to certain territory (territories crief description of filing (if filing follows rates of ar	s) or certain classes? If so, specify	tion) The Company adopts
16. Other	s) or certain classes? If so, specify	tion) The Company adopts
Line of Insurance Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of ar	s) or certain classes? If so, specify	tion) The Company adopts
Line of Insurance coes filing only apply to certain territory (territories crief description of filing (if filing follows rates of ar	s) or certain classes? If so, specify n advisory organization, specify organiza rates with no deviatio	tion) The Company adopts
Line of Insurance oes filing only apply to certain territory (territories rief description of filing (if filing follows rates of arthe NCCI 1/1/2012 advisory * Adjusted to reflect all prior rate changes.	n advisory organization, specify rates with no deviatio	tion) The Company adopts n. the Pointe Insurance Comp
Line of Insurance coes filing only apply to certain territory (territories rief description of filing (if filing follows rates of arthe NCCI 1/1/2012 advisory * Adjusted to reflect all prior rate changes.	n advisory organization, specify rates with no deviatio	n.
Line of Insurance oes filing only apply to certain territory (territories rief description of filing (if filing follows rates of arthe NCCI 1/1/2012 advisory * Adjusted to reflect all prior rate changes.	s) or certain classes? If so, specify n advisory organization, specify organization attes with no deviation. Ill result from application of new rates.	tion) The Company adopts n. the Pointe Insurance Comp

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{January 1, 2012}}$.

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	9,716,123	-5.4
Line of Insurance	3,110,123	
Dine of instrance		
Does filing only apply to certain If so, specify: n/a	territory (territories)or	certain classes?
Brief description of filing. (If	filing follows rates of a	n advisorv
organization, specify organization		Insurance Corporation
		2011-11 Advisory Rates,
	Loss Costs, and Ratir	
	We hereby certify tha	
	made from our previou	
•		adopted and filed under
	our Rates Tab.	
* Adjusted to reflect all prior :	rate changes.	
** Change in Company's premium le		
result from application of new		
0	ld Republic General Insura	nce Corporation
	Name of Compar	ny
	Deborah J. Matthews, AVP	- Compliance
		
	Official - Tit	

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2012

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	,	
8. Boiler and Machinery		
9. Fire	·	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	10,662,025	-1.0%
Line of Insurance		
Does filing only apply to certain If so, specify: <pre>n/a</pre>	territory (territories)or	certain classes?

Ι

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic Insurance Company

Adoption of NCCI IL-2011-11 Advisory Rates, Loss Costs, and Rating Values

JAN 0 1 2012

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

etale of ILLINOIS our Rate our

** Change in Company's premium level which will result from application of new rates.

Old	Republic	In	surance	Company	
	Name	of	Company		

Deborah J. Matthews - Manager - Regulatory Compliance Official - Title

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by ra effective 03-01-12 New & Renewal

445	(2)	(0)
(1)	(2)	_ (3)
_	Annual Premium	Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		-
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$46,250,000	-0.8%
Life of Insurance		
Does filing only apply to cer	tain territory (territories) or	certain
Classes? If so,		
specify: No		
Brief description of filing. (If	filing follows rates of an a	idvisory
Organization, specify		
organization): for certain classes.	Adoption of January 2012	NCCI Loss Costs and revision of LCI

PEKIN INSURANCE COMPANY

Name of Company Joseph C. Ricigliano, Vice President Commercial Lines Official - Title

rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	March 1, 2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
3. Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
9. Fire 10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Worker's Compensation Line of Insurance	\$1,689,813	+0.3%
	territories) or certain classes? If so, specify	: Not applicable
Brief description of filing. (If filing follows NCCI loss cost revision which was approour loss cost multipliers.	s rates of an advisory organization, specived effective January 1, 2012. With the add	fy organization): We are adopting the option of this revision we are revising
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rate	s.
	Pharmacists Pharmacists	Mutual Insurance Company Name of Company
	Ken Andrev	vs, Regional Vice President Official – Title



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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
OPRINGELL, LINOIS



ILLINOIS SUMMARY SHEET

FEB 0 1 2012

FORM RF-3

	FORM RF-3	STATE OF ILLINOIS	
Change in Company's premium or rate level produc	ed by rate revision effective $\frac{2/1}{2}$	EPARTMENT OF INSURANG	
(1)	(2)	(3)	
Coverage	Annual Premium	Percent	
	Volume (Illinois)*	Change (+ or –)**	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery		·	
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	23,508,774	+5.16	
16. Other	<u> </u>		
Line of Insurance			
Does filing only apply to certain territory (territories)	or certain classes? If so, specify		
		4:>	
Brief description of filing (if filing follows rates of an			
Adoption of NCCI 1/1/2012 a	advisory rates with fa	ctor of 1.10 appli	.ed

Praetorian Insurance Company Name of Company

Tina Knight - Analyst Official — Title

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

JAN 0 1 2012

Coverage utomobile Liability Private assenger commercial utomobile Physical Damag rivate Passenger commercial iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire xtended Coverage iland Marine omeowners ommercial Multi-Peril rop Hail	Volume (Illinois) *	Change (+or-) **
assenger commercial utomobile Physical Damag rivate Passenger commercial iability Other Than Auto urglary and Theft class idelity urety oiler and Machinery ire extended Coverage uland Marine omeowners ommercial Multi-Peril		
commercial utomobile Physical Damag rivate Passenger commercial iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire xtended Coverage land Marine omeowners ommercial Multi-Peril		
utomobile Physical Damag rivate Passenger commercial iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire extended Coverage uland Marine omeowners ommercial Multi-Peril		
rivate Passenger commercial iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire xtended Coverage iland Marine omeowners ommercial Multi-Peril		
ommercial iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire extended Coverage uland Marine omeowners ommercial Multi-Peril		
iability Other Than Auto urglary and Theft ilass idelity urety oiler and Machinery ire xtended Coverage iland Marine omeowners ommercial Multi-Peril		
urglary and Theft ilass idelity urety oiler and Machinery ire xtended Coverage lland Marine omeowners ommercial Multi-Peril		
ilass idelity urety oiler and Machinery ire xtended Coverage uland Marine omeowners ommercial Multi-Peril		
idelity urety oiler and Machinery ire xtended Coverage land Marine omeowners ommercial Multi-Peril		
urety oiler and Machinery ire xtended Coverage lland Marine omeowners ommercial Multi-Peril		
oiler and Machinery ire xtended Coverage land Marine omeowners ommercial Multi-Peril		
ire xtended Coverage lland Marine omeowners ommercial Multi-Peril		
xtended Coverage land Marine omeowners ommercial Multi-Peril		
lland Marine omeowners ommercial Multi-Peril		
omeowners ommercial Multi-Peril		
ommercial Multi-Peril		
ther Workers Compensation	\$1,017,410	+ 3.7
Life of Insurance		
loes filing only apply to certain to	territory (territories) (or certain
Classes? If so,		
pecify: No		
hinf decoration of films. (If film	a fallous ratas of an	- advisor
Brief description of filing. (If filing) Organization, specify	g follows rates of an	advisory
rganization):		
nganization). Adopt NCCI Advisory Rate	Togg Cogta	C Pating Values
referenced in Circular I		
Adjusted to reflect all prior rate		C CLICCLAVE DAMMALY

Preferred Professional Insurance Company
Name of Company
Denise Hill, SVP, General Counsel, CCO
Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

IAN 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois) *	Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	1	•
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft Glass		
Fidelity		
Surety		
Boiler and Machinery	11-7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other workers comp	\$135,603	-5.34%
Life of Insurance		
Does filing only apply to cer Classes? If so, specify:	tain territory (territories) or	certain
Brief description of filing. (I	f filing follows rates of an ac	dvisory
Organization, specify	Ť	•
organization):	Adopting NCCI's Loss Cos	st Filing Eff 1-1-2012
#A .I'		
*Adjusted to reflect all prior **Change in Company's pre rates.		t from application of new
1a(55.	Public Service Mut	ual Ins Co
	Nar	me of Company
		• •
	Sr WC Specialist	



ILLINOIS SUMMARY SHEET

FEB 0 1 2012

FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	voidine (illinois)	Change (+ or -)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		_
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	737,120	-0.26%
6. Other		<u> </u>
Line of Insurance	.	
oes filing only apply to certain territory (territories) or certain o	classes? If so, specify	
rief description of filing (if filing follows rates of an advisory or	ganization, specify organiza	ation)
Adopts January 1/1/2012 advisory r	ates with facto	or of 1.25 applied

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

QBE Insurance Company Name of Company

Tina Knight - Analyst Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	2-1-12
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
 Liability Other Than Auto Burglary and Theft 		<u> </u>
5. Glass		w
6. Fidelity		-
7. Surety		
Boiler and Machinery		*****
9. Fire	The state of the s	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$14,413,781	.6%
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify rates of an advisory organization, specify lso changing our deviation from .90 to .95.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	es.
	Rege	nt Insurance Company Name of Company
	David Nardi	- Rate and Form Technician Official – Title

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SPRINGFIELD, ILLINOIS

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FORM (RF-3)

SUMMARY SHEET



Official - Title

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private		
-	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	-	
}.	Extended Coverage		
١.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	•	
4.	Crop Hail		
ő.	Other Workers Compensation	\$4,774,101 (2011 calendar yr.)	+3.5%
	Life of Insurance		
•	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,	an territory (territories) or	ocitom,
	specify: NO		
	opoony.		
	Brief description of filing. (If I	filing follows rates of an a	dvisory
	Organization, specify		•
	organization):	ADOPTION WITHOUT DE	EVIATION OF NCCI VOLUNTARY
	ADVISORY RATES 01/01/2012		
	*Adjusted to reflect all prior ra **Change in Company's pren	ate changes. nium level which will resul	It from application of new
	rates.	Rockwood Casualty Ins	surance Company Fed Tax ID 25-162013
	•		me of Company
		INdi	ille oi company

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2012
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage	•	
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	- Company of the comp	
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		0.70/
15. Other <u>Workers' Comp</u>	\$100,000 estimated	3.7%
Line of Insurance		
Doos filing only apply to cortain territory	(territories) or certain classes? If so, specify:	No
Does ming only apply to certain terniory ((territories) or certain classes? If so, specify.	INO.
Brief description of filing (If filing follow	ws rates of an advisory organization, spe	cify organization): Adoption of NCCL
	ets effective January 1, 2012 as published	
and in Filing Circular IL-2011-11.	Sis circulate datidary 1, 2012 as published	III 1400/ approvar orodiar 12 2011 14
and in I liming Oricular 1E-2011-11.		
Adjusted to reflect all prior rate changes		
	 hich will result from application of new rates	
Change in Company's premium level w	Their will result from application of new rates	•
	Sofoty Ei	rst Insurance Company
		Name of Company
	•	Tamo or company
	Casev Kruse	- Compliance Coordinator
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
y		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Comp	\$1,500,000 estimated	3.7%
Line of Insurance	·	
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	: <u>No.</u>
Brief description of filing. (If filing follow Voluntary Advisory Rates and Loss Costand in Filing Circular IL-2011-11.	ws rates of an advisory organization, spe sts effective January 1, 2012 as published	ecify organization): <u>Adoption of NCCI</u> in NCCI approval circular IL-2011-14
'Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. /hich will result from application of new rate:	S.
•	Onfolio Not	ional Casualty Corneration
		ional Casualty Corporation Name of Company
	Casey Krus	e – Compliance Coordinator
		Official – Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

JAN 0 1 2012

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		······································
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	4,008,435 GWP as of 12-15-11	+ 3.5
Life of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or c	ertain
specify: NA NA		
Brief description of filing. (If f	iling follows rates of an adv	visory
Organization, specify	-	•
organization):	Adoption of NCCI Rates eff	1-1-2012
		· · · · · · · · · · · · · · · · · · ·
*Aditated to reflect all prior re	do characa	************
*Adjusted to reflect all prior ra **Change in Company's premates.	•	from application of ne
raico.	SogBright Ingurance	Company
	SeaBright Insurance	Company

gy Wana

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



(1)	(2) Annual Premium	Dy late levision at a 2 control of income of i
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	195,288	-9.2%
Life of Insurance		
Does filing only apply to cert Classes? If so,	ain territory (territories) or	certain
specify: No		
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify		
organization):		012 loss cost filing on our behalt
NCCI. Please reference NCCI circ	cular IL-2011-14.	
*Adjusted to reflect all prior r		ilt from application of now
**Change in Company's prer	mum lever which will resu	iit nom application of new
rates.	SFM Mutual Insura	ance Company
		me of Company
	INa	me or company

Name of Company
Brian R. Bent, VP & Director of Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass <u> </u>	<u> </u>	
r**; -1 - 1:4		
Surety		<u> </u>
Boiler and Machinery		
Fire		
. Extended Coverage		
. Inland Marine		
3. Commercial Multi-Peril		
. Crop Hail		
Other Workers Compensation Line of Insurance	127,373 (2010 DWP)	+3.5%
	itarian) ar antain alabara 2 lf an annai	fu Na
pes filing only apply to certain territory (terr	itories) or certain classes? If so, speci	ly. No
		i-ation)
ief description of filing. (If filing follows rate ational Council on Compensation Insuranc	es of an advisory organization, specify	organization).
Monar Council on Compensation insurance	e, Inc. rate and rating value change.	
djusted to reflect all prior rate changes.		
Change in Company's premium level which	will result from application of new rat	es.
	, r	
	Standard	Mutual Insurance Company
		Mutual Insurance Company Name of Company
	Larry J. 63	
	Larry Q. Boehm	n, Assistant Underwriting Manager
•		Official - Title

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BEPARTMENT OF INCURANCE SPRINGFIELD, ILLINOIS



JAN 0 1 2012

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Official - Title

(Change in Company's premium or rate	level produced by rate revision effecti	ve 01/01/2012
	(1)	(2) Annual Premium Volumo (Illinoia)*	(3) Percent Change (+ or)**
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,316,256	3.7%
15.	Line of Insurance	2,310,230	3.770
	Dine of incurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, spec	ify:
No.		· ·	
Tow Cost	description of filing. (If filing follows are Insurance Company of New Yors and Rating Values effective 1/1/2 wish to make this filing effective for	k herewith proposes to adopt NCC 012.	I's latest Voluntary Market Loss
* A	djusted to reflect all prior rate changes.		
	nange in Company's premium level wh sult from application of new rates.	ich will	
			ower Insurance Company of NY
		-	Name of Company
		Fa	ye V. Storch
			nior Business Analyst



JAN 0 1 2012

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
/01/2012 SPRINGFIELD, ILLINOIS

(Change in Company's premium or rate	e level produced by rate revision effe	ective 01/01/2012 SPRINGFIELD, ILLIN
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		•
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	89,602	3.7%
	Line of Insurance		
No.	iling only apply to certain territory (te	rritories) or certain classes? If so, sp	pecify:
Tow Cost	description of filing. (If filing follows er National Insurance Company he s and Rating Values effective 1/1/2 wish to make this filing effective for	erewith proposes to adopt NCCI's 2012.	s latest Voluntary Market Loss
** C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
			Tower National Insurance Co.
		• •	Name of Company
			Faye V. Storch
		_	Senior Business Analyst
			Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{01}{01}$ 2012 .

(1)	(2) Annual Premium	(3) Percent			
Coverage	Volume (Illinois) *	Change (+ or -)**			
1. Automobile Liability Private Passenger Commercial					
2. Automobile Physical Damage Private Passenger Commercial					
3. Liability Other Than Auto					
4. Burglary and Theft					
5. Glass					
6. Fidelity					
7. Surety					
8. Boiler and Machinery					
9. Fire					
10. Extended Coverage					
11. Inland Marine					
12. Homeowners					
13. Commercial Multi-Peril					
14. Crop Hail					
15. Other Workers' Compensation	253,356	+3.5%			
Line of Insurance					
Does filing only apply to certain If so, specify: N/A	territory (territories)or	certain classes?			
Brief description of filing. (If organization, specify organization		n advisory			
Adoption of NCCI IL WC Voluntary N Values Effective January 1, 2012 1422 FilingRevisions to Miscelland	organization, specify organization): NCCI Adoption of NCCI IL WC Voluntary Market-Advisory Rates, Loss Costs, and Rating Values Effective January 1, 2012 in addition to the Adoption of NCCI CW Item B- 1422 FilingRevisions to Miscellaneous Values Payroll Determination Formula for Codes 7370, 9178, 9179, and 9186 and Revisions to Basic Manual Appendix F				

* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.



JAN 0 1 2012

TRANSGUARD	INSURANCE	CC	MPANY	OF	AMPRICADE	TAN	RICHE	
	Name o	of	Compar	鸣間	PARTMENT OF SPRINGFIEL	76	INBURA	NCB

Robert	Goddard,	Senior	Compliance	Analyst	
	Off:	icial -	Title		

	in Company's premium or rate leverage effective	March 1, 2012	
(1)		(2)	(3)
` ,		Annual Premium	Percent
Coverag	<u>e</u>	Volume (Illinois) *	Change (+ or -) *
Automol	pile Liability		
Private	Passenger		
Comme	ercial		
Automol	oile Physical Damage		
Private	Passenger		
Commo	ercial		
Liability	Other Than Auto		
	Other Than Auto		
Glass	and Theft		
Fidelity			
Surety	nd Machinery MAR 0 1 201	2	
	nd Machinery MAR V 1		
Fire			
	d Coverage STATE OF ILLING	SURANCE	
Inland N	d Coverage STATE OF ILLING Marine DEPARTMENT OF INS vners DEPARTNGFIELD, ILLI	NOIS	
Homeov	VIDER SPRINGFIELD, ILL		
	rcial Multi-Peril		
Crop Ha			
Other	Workers Compensation	\$5,976,761	0.5%
01.101	Line of Insurance	Ψοίοι οίν οι	
	only apply to certain territory (territory	ories) or certain	
classes? If	so, specify: No		
		•	
	ation of filing. (If filing follows rates	e of an advisory	
Briof docorin	THOSE OF THINING, THE THINING TOROWS FALCES		O valumtam class soots for
	specify organization): We are a	adoping the NCCI approval 1/1/201	2 voluntary loss costs, for
	specify organization): We are a	ewal policies.	2 Voluntary loss costs, for
	specify organization): We are a		2 voluntary loss costs, for
	specify organization): We are a		2 Voluntary loss costs, for

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

> Truck Insurance Exchange Name of Company

game of Bellent James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cna	ange in Company's premium or rate le	evel produced by rate revision effective	3/1/2012
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1.	Automobile Liability		
••	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$6,571,146	-1.45%
	Line of Insurance		
_	en		
		territories) or certain classes? If so, specify:	Yes, we are increasing the
LOSS	Cost Multipliers for the Base Classes, the Debi	ted Classes and the Credited Classes.	
Brie	ef description of filing (If filing follows	rates of an advisory organization, specify orga	anization): We are adopting
	NCCI loss costs IL-2011-14 effective March 1, 2		
	justed to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates.	
		United Fire & Casu	·
		Na	me of Company
		Allen D. Common	n VP. Composto Underwiting
			n, VP - Corporate Underwriting Official – Title
			Jiliciai – Tille



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STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

JAN 0 1 2012

SUMMARY SHEET

STATE OF ILLINOIS

<u>-</u>	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minors)	_ Change (101-)
••	Passenger		
	Commercial		**************************************
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		4-10-10-10-10-10-10-10-10-10-10-10-10-10-
14.	Crop Hail		
15.	Other Workers Compensation	\$2,462,469	-2.47%
	Life of Insurance		
•	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,	((((((((((((((((((((
	specify: No		
	Adoption of NCCI Workers Compensation	Loss Cost Reference Filing Number	IL-2011-11 effective 1/1/2012
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		•
	organization):	Vanliner Insurance Company	hereby submits for your approval our adoption
	of the new loss costs effective 1/1/2012.	We are not proposing any change	to our loss cost multiplier of 1.461.
	*Adjusted to reflect all prior ra **Change in Company's prem	~	It from application of new
	rates.	Vanliner Insurance	Company
			me of Company
			ompliance Specialist
			Official – Title
		•	

Change in Company's premium or rate level produced by rate revision effective: 01/01/2012

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		JAN 0 1 2012
11.	Inland Marine		STATE OF ILLINOIS
12.	Homeowners		DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
13.	Commercial Multi-Peril		SPINION IZZDY (ZZMO)
14.	Crop Hail		
15.	Worker's Compensation	\$93	3.7%
16.	Other:		
	Line of Insurance ling only apply to certain territory pecify:	(territories) or certain classes? NO	
		rates of an advisory organization, s CI 's Advisory Loss Cost to be effecti	specify organization): ive January 1, 2012. No changes are bein

g made to IMT Exception pages with this filing.

There are currently no Illinois Wadena Insurance policies issued. The \$93 premium represents Illinois payroll on an Iowa based business.

Wadena Insurance Company Name of Company Paula Mumm, CPCU, Compliance Analyst, Research & Development Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	e level produced by rate revision effective	February 1, 2012
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Commercial		
Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	8,544,741	+3.7%
Line of Insurance		
Does filing only apply to certain territo All territories and classes	ory (territories) or certain classes? If so, specify	-
	flows rates of an advisory organization, specify costs and rating values based on NCCI circular II	
for new and renewal policies with		
*Adjusted to reflect all prior rate chan ** Change in Company's premium lev	ges. el which will result from application of new rates	5.
	Wansan Busi	ness Insurance Company
		ame of Company
	Bonnie Roed	ler State Filings Analyst
		Official - Title



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STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Chan	ge in Company's premium or rate I	evel produced by rate revision effective	February 1, 2012
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1. /	Automobile Liability		
	Commercial		
2. /	Automobile Physical Damage		
	Commercial		
3. I	Liability Other Than Auto		
4. I	Burglary and Theft		
5. (Glass		
6. I	Fidelity -		
7. 9	Surety		
8. 1	Boiler and Machinery		
9. 1	Fire .		
10. I	Extended Coverage		
	Inland Marine		
12. 1	Homeowners		
13. (Commercial Multi-Peril		
14. (Crop Hail		
	Other Workers Compensation .	123,341	+3.7%
	Line of Insurance		
Does	filing only apply to certain territory	y (territories) or certain classes? If so, specif	y:
	All territories and classes		
		ows rates of an advisory organization, specify	
		sts and rating values based on NCCI circular	1L-2011-14
	for new and renewal policies with a	an effective date of 2/1/2012.	
*^4:	usted to reflect all prior rate change	ac	
		which will result from application of new rate	ac .
····· Ci	lange in Company's premium lever	which will result from application of flew rati	25.
		Wausau Ge	eneral Insurance Company
			Name of Company
		Bonnie Roe	eder State Filings Analyst
			Official - Title



FEB 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INBURANCE SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rat		level produced by rate revision	effective	February 1, 2012
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1. Automob	ile Liability			
Con	nmercial			
	vile Physical Damage nmercial			
3. Liability (Other Than Auto			
	and Theft			
5. Glass				
6. Fidelity				
7. Surety				
•	d Machinery			
9. Fire	· · · · · · · · · · · · · · · · · · ·			
10. Extended	d Coverage			
11. Inland M	_			
12. Homeow	ners			
13. Commerc	cial Multi-Peril		·	
14. Crop Hail				
•	orkers Compensation	35,135,978		+3.7%
*****	Line of Insurance			
			2.76	
		y (territories) or certain classes	s? It so, specity:	
All territo	ories and classes			
Duine donominati	ion of Glings (If Gling foll	ave rates of an advisory organ	ination cassify area	unization):
		ows rates of an advisory organ		
		osts and rating values based on	NCCI Circulal IL-20	711-14
for new a	and renewal policies with	an effective date of 2/1/2012.		
*Adjusted to	reflect all prior rate chang	100		
		les. I which will result from applicat	ion of now rates	
** Change in	Company's premium leve	i which will result from applicat	ion of flew rates.	
			Wausau Underwrit	ers Insurance Company
				of Company
			Ronnie Roeder	State Filings Analyst
		·····		cial - Title
			Oili	ciai iluc



FEB 0 1 2012

STATE OF ILLINOIS BEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

SUMMARY SHEET

	Change in Company's Premium or rate level produced by rate revision effective		3/1/2012
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Dama	ge	
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers Compen	sation 30,672,227	3.7%
13.	Line of Insurance	<u> </u>	3.176
Doe: No	s filing only apply to certain to	erritory (territories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

March 1, 2012 adoption of 2012 Illinois Workers Compensation rates from NCCI approved by Illinois Department.



* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

MAR 0 1 2012



Stephen J. Mueller, CPCU - Product Development Specialist Official - Title

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium	or rate level produced by rate revision effective	1/1/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercia		
2. Automobile Physical Dama		
Private Passenger Cor		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	1,827,213	3.7%
Line of Insurance	•	
Does filing only apply to certain	territory (territories) or certain classes? If so, specify:	No.
Priof dosoription of filing (If filin	a follows rates of an advisory organization associty area	ni-ntion).
Adopt loss costs eff 1/1/2012	g follows rates of an advisory organization, specify organization	mzauon):
Adopt loss costs ell 1/1/2012		
*Adjusted to reflect all prior rate	changes	·
	Im level which will result from application of new rates.	
change in company o promis	The forest which was result from application of flow rates.	
	XL Insurance America, Inc.	
		me of Company
		F 3
	Joseph Binkowski, Assistant V	/ice President
		Official – Title



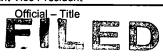
JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	1/1/2012	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation	5,189,203	3.7%
Brie Adop	of description of filing. (If filing follows rest loss costs eff 1/1/2012	erritories) or certain classes? If so, specify: ates of an advisory organization, specify organization, specify organization, specify organization of powerates.	No. anization):
	nange in Company's premium level wr	nich will result from application of new rates. XL Specialty Insurance Comp Na	pany ame of Company

Joseph Binkowski, Assistant Vice President



JAN 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INGURANCE DEPARTMENTED, ILLINOIS